ENTRY BLANK	
PLEASE TYPE OR PRINT	Entered previous May Shov
□ Ms. PO STF	✓ yes □ no
Mr. Artist 10 312	(Last Name Last)
Permanent IZI E. 72	195T CLEVE
Street	City
44103 TelZ16-	-9819587
Zip Area Code	
Temporary or	
Studio AddressStreet	City
Tel. ()	
Zip Area Code	
If you do not presently live in one of Western Reserve, which county were	
Collaborator	
(If Any)	
If May Show entries are not accepte	d or not sold:
Artist will pick up at Museum. Museum should dispose of.	
☐ Museum should ship to artist C.	O.D. at this address:
Special Instructions When necessary include below instruction the object is to be assembled and discontinuous and discon	
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This entry blank must be fully made entry blanks will not be accepted.	e out and signed. Unsigned
Note carefully calendar for delivery understood that the Museum will ha its own account any objects not call	ave the right to dispose for
It is also understood that accepted of exhibition until June 4, 1978.	objects will remain on
The submission of objects will be co	

Signature _____

ENTRY BLANKS

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